



Public Employees' Retirement System

Attention: Section _____

Social Security No.: _____

SPECIAL POWER OF ATTORNEY

This document is intended for designating an attorney-in-fact to transact all retirement matters relating to the Public Employees' Retirement System, the Legislators' Retirement System, and/or the Judges' Retirement System. It authorizes the person you designate (called an "attorney in fact") to handle your retirement affairs such as filing applications, making benefit elections, designating beneficiaries and endorsing warrants. This document creates a durable power of attorney which continues after you become incapacitated or otherwise unable to handle your own affairs.

1. Creation of Durable Power of Attorney for Retirement-Related Business

By this document I intend to create a durable power of attorney by appointing the person designated below to make retirement-related decisions for me as allowed by the California Civil Code. This power is expressly limited to decisions relating to my benefits under the Public Employees' Retirement System, the Legislators' Retirement System, and/or the Judges' Retirement System.

2. Designation of Attorney-In-Fact

I, _____, of _____
(member or beneficiary) (street address)
City of _____, County of _____, State
of _____ do hereby appoint: _____
(attorney-in-fact)
of _____, City of _____,
(street address)
County of _____, State of _____,
as my attorney-in-fact.

3. General Statement of Authority Granted

If I become incapable of giving informed consent to decisions concerning my retirement benefits, I hereby grant to my attorney-in-fact full power and authority to transact all matters relating to the Public Employees' Retirement System (hereinafter PERS), the Legislators' Retirement System, or the Judges' Retirement System, including, but not limited to, filing applications, making benefit elections, designating beneficiaries, and endorsing warrants.

I further give and grant unto my said attorney-in-fact full power and authority to do and perform every act necessary and proper to be done in the exercise of any of the foregoing powers as fully as I might or could do if personally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done by virtue hereof.

The authority granted by this Special Power of Attorney is limited to retirement matters, and does not extend to any of my other real or personal property.

4. Duration

My attorney-in-fact is hereby instructed to notify PERS in writing of my disability or incapacity or of my death immediately upon its occurrence. This power of attorney shall not be affected by my subsequent disability or incapacity unless I so indicate below:

_____ I wish this special power of attorney to terminate in its entirety
_____ after I become mentally disabled or incapacitated.

(Specify timeframe e.g., immediately, one year, etc.)

Warning to Person Executing This Document

This is an important legal document. It creates a durable power of attorney. Before executing this document, you should know these important facts:

This document may provide the person you designate as your attorney-in-fact with broad powers to manage, dispose, sell, and convey your real and personal property and to borrow money using your property as security for the loan.

These powers will exist for indefinite period of time unless you limit their duration in this document. These powers will continue notwithstanding your subsequent disability or incapacity.

You have the right to revoke or terminate this power of attorney.

If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

DATE AND SIGNATURE OF PRINCIPAL

EXECUTED THIS ____ DAY OF _____, 19 ____, AT _____, _____
state

SIGNATURE _____

TYPED OR PRINTED NAME _____

SOCIAL SECURITY NUMBER _____

ACKNOWLEDGEMENT OF NOTARY PUBLIC

STATE OF _____ COUNTY OF _____

ON _____, BEFORE ME, _____

PERSONALLY APPEARED _____, PERSONALLY
KNOWN TO ME (OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE) TO BE THE PERSON(S)
WHOSE NAME(S) IS/ARE SUBSCRIBED TO THE WITHIN INSTRUMENT AND ACKNOWLEDGED TO ME THAT
HE/SHE/THEY EXECUTED THE SAME IN HIS/HER AUTHORIZED CAPACITY(IES), AND THAT BY
HIS/HER/THEIR SIGNATURE(S) ON THE INSTRUMENTS THE PERSON(S), OR THE ENTITY UPON BEHALF
OF WHICH THE PERSON(S) ACTED, EXECUTED THE INSTRUMENT.

WITNESS MY HAND AND OFFICIAL SEAL.

SIGNATURE OF NOTARY PUBLIC

(Seal)